

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		06-06-01
O.I.P.E. CLASSIFIER	<i>ASD</i>		6/15/01
FORMALITY REVIEW	<i>HA</i>	902	08-02-01
RESPONSE FORMALITY REVIEW	<i>HA</i>	1113	10-26-01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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029
 50-571
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